



**Wyoming Office of Emergency  
Medical Services  
Complaint Form**

Submit to:  
Wyoming Office of EMS  
Compliance Section  
6101 Yellowstone Road Suite 400  
Cheyenne, Wyoming 82002 Fax to:  
307-777-5639  
Email: [bob.dean@wyo.gov](mailto:bob.dean@wyo.gov)

The Rules and Regulations for "Wyoming Emergency Medical Services Act of 1977" W.S. 33-36-101 Chapter 5, Section 9, part (d) State: *"The Division may initiate investigations or proceedings under this Section on its own motion or on the written complaint of any person. Reasonable effort shall be made to protect the identity of the complainant. Identifying information shall not be divulged by the Division except upon waiver by the complainant, court order, request of law enforcement officers, or the Attorney General's Office."* Depending on the nature of the complaint, it may be referred to another department office or another state regulatory agency or board.

*Please fill out as thoroughly as possible. You may also include additional information on separate sheets of paper.*

**Complaint Filed By**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Hospital/Staff

Training Program

Air EMS Service

Ground EMS Service

Other:

*Please fill out as thoroughly as possible. You may also include additional information on separate sheets of paper.*

**Filed Against**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

*Please describe the complaint below. Attach additional pages if necessary.*

**Nature of Complaint**

Date(s) incident occurred: \_\_\_\_\_  
Time(s) incident occurred: \_\_\_\_\_  
Location(s) incident occurred: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
OEMS Case #: \_\_\_\_\_